



# healthupdate



## Season's Greetings

The Secretariat staff and Governing Committee thank all consumer representatives and members for their contributions to the work of CHF.

We wish you a restful break and look forward to working with you in 2007.

The CHF Secretariat will be closed from 3.00pm Friday 22 December 2006, and will reopen at 9.00am on Tuesday 2 January 2007.

[www.chf.org.au](http://www.chf.org.au)

### November hit count

Entire site 108 704  
Average per day 3623  
Visits 28 399  
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## New Media Approach

CHF is trialling a more strategic approach to media as part of the communications plan adopted by the Governing Committee in October 2006. The approach includes working with an experienced health media adviser to proactively identify and plan for media opportunities and issue media releases, supported by liaison with key health journalists and media campaigns on particular priority issues.

CHF would welcome feedback from members on the new approach which commenced in November with a media release on the Pharmaceutical Benefits Scheme (PBS) reforms. Media releases are circulated to all members in a 'What's New' email, with follow-up articles in *HealthUpdate* to make sure that hard copy readers also see the positions CHF has taken. CHF Chairperson Mitch Messer's comments on the PBS reforms were quoted in *The Sydney Morning Herald* and *The Canberra Times*. An opinion piece by Helen Hopkins, Executive Director, was published in *Medical Observer*. CHF expects further media interest in the private health legislation when it is debated in March 2007, but reminded private health industry stakeholders through a media release that consumers must be involved in health system improvements.

## Pharmaceutical Benefits Scheme (PBS) Reforms

CHF welcomes the reduction in cost of generics and supports the increased information about the price pharmacists actually pay for PBS medicines in the recently announced PBS reforms. However, we are concerned about the proposed payments to pharmacists for reducing their kick-backs and providing information about their deals with wholesalers. CHF also called on the Government to keep the savings in the PBS for additional innovative medicines.

More generic medicines are expected to come onto the market at a reduced price over the next few years and CHF supports a public information program on generic medicines – a proposal being considered by the Government. Not everyone chooses to use generic medicines but many people are paying more than they need because they are not aware about their options for less expensive generic alternatives. 'It is important that they are given accurate information about generic medicines so that they are able to make an informed choice about their medication use,' said Chairperson Mitch Messer in the CHF media release.

Another positive for consumers is that the proposed changes will not involve any increase in the co-payment for PBS medicines. Many people with chronic illnesses or on low incomes already struggle to afford the medication they require. CHF was pleased that the Government listened and responded to the consumer concerns we raised.

However, CHF does have serious concerns about the tax-payer funded payments to pharmacists to reduce the kick-backs they receive when they purchase medicines. These proposed payments are in the form of increased dispensing fees and a \$1.50 'bonus' for selling consumers a medicine at or below the standard co-payment price. We rely on pharmacists for information about the medicines they dispense and

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*(Reforms to the Pharmaceutical Benefits Scheme continued from page 1)*

they should be fairly remunerated, but taxpayers should not have to pay extra to ensure objective and unbiased advice.

CHF notes that one positive, if the incentive works, may be that the Government will end up with better cost and usage data on medicines that cost consumers less than the PBS copayment, currently \$29.50 or \$4.70 for concession card holders. These medicines can 'slip under the radar' at present as the pharmacist has no need to reclaim the cost from the PBS because the consumer has already paid the full price, so there is no real control on the price.

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## Consumers Important in Private Health Insurance Reforms

The Private Health Insurance Bill 2006 was introduced in Parliament on 7 December 2006 for parliamentary debate in the autumn 2007 sittings. CHF welcomed the introduction of the Bill but warned that some of the proposed reforms could backfire if consumers were not closely involved in their implementation. The CHF Media Release and submission on the exposure draft of the Bill are now available on the CHF website at <http://www.chf.org.au/projects/PROJ10/documents.asp>.

Several changes have been made since the exposure draft legislation. This includes the addition of a new chapter detailing the functions, objectives and operation of the Private Health Insurance Administration Council (PHIAC) and the Private Health Insurance Ombudsman (PHIO). The amended Bill also prohibits agreements between health insurers and medical practitioners that limit the practitioner's freedom to identify and provide appropriate treatments. Changes to the definition of 'hospital treatment' and the period of pre-existing condition have also been made.

For detailed information on the package of legislation see [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-phicirculars2006-76\\_06.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-phicirculars2006-76_06.htm).

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## From the Secretariat



### Advocacy

#### CHF Speaks at General Practice Network Forum

Diane Walsh, a CHF Governing Committee member, presented on behalf of CHF at the recent General Practice Network Forum held on the Gold Coast from 25–28 November 2006. The theme of the Forum was 'Building healthy communities through partnerships'. CHF saw the Forum as an important opportunity to promote consumers' contributions to optimising health care for people with chronic conditions, one of three CHF priority areas for advocacy.

Diane's presentation was entitled 'A mature network approach to engaging with health consumers', and focussed on the CHF model for community engagements with health consumers. Divisions of general practice were encouraged to support their communities through health programs that release ownership to consumers and local communities. The presentation highlighted that listening to feedback from consumers and communities on their own terms, rather than asking them to 'listen to what you tell them', is part of building an ongoing relationship of trust as a platform for health improvement. While the model is used across the range of CHF work and projects, Diane's presentation drew on examples from the CHF Community Quality Use of Medicines (QUM) project, and particularly Community QUM engagements held in Pomona in Queensland. These CHF engagements are funded by the National Prescribing Service as a part of the Community QUM Program.

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#### National Oral Health Alliance

Amanda Bresnan, CHF Policy Manager, participated in a meeting of organisations seeking to raise awareness about oral health needs, an issue frequently raised by CHF member networks, especially by older people's groups and people living in rural and remote communities. CHF member organisation, Australian Council of Social Services (ACOSS) has been actively promoting oral health issues for low-income Australians over a number of years and has provided input to CHF-nominated consumer representatives on national oral health committees. CHF is keen to support the work of ACOSS in this important health area and has undertaken to keep members informed about opportunities to contribute to the current focus on oral health issues.

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## Consumer Places at National Communications Summit

CHF has negotiated funding for a limited number of consumer places for the National E-Health Transition Authority (NeHTA) and the Australian Commission on Safety and Quality in Health Care National Health Summit to be held in Sydney on 20 March 2007. The theme of the Summit is 'Improving Communications in the Australian Health Sector' and will explore key issues on the implementation of e-health in Australia.

This invitation-only event for senior executives or office bearers in peak health organisations and associated educational bodies, provides an opportunity to learn about NeHTA and the Commission's work in e-health and safety and quality in health care. It is particularly for organisations beginning to take a wider interest in the potential for e-health to improve health care. The role of peak health care organisations in leading their professions and/or constituents through the opportunities and challenges that e-health brings and the support which will be required to assist the health sector through these changes will be considered.

### Expressions of Interest

Member organisations wishing to nominate a senior representative for one of the complimentary consumer places at the National Health Summit, **should send a half-page expression of interest including name and position of your nominee by COB Monday 15 January 2007**. Please summarise any involvement of your organisation in previous CHF e-health workshops or meetings, or other discussions about e-health and its contribution to safety and quality to date. Also include how your member organisation would benefit from or contribute to discussions in the Summit, and share your Summit experiences with wider consumer networks.

Should it be necessary, the CHF Executive Committee will oversee a selection process to determine who will receive these places.

Expressions of interest should be sent to Catherine Ellis at [c.ellis@chf.org.au](mailto:c.ellis@chf.org.au) or by fax (02) 6273 5888.

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## COAG Health Workforce Accreditation and Registration

Mitch Messer and Helen Hopkins represented CHF at the second stakeholder consultation on 4 December 2006. A wide range of health professional colleges and organisations, accreditation and academic training bodies were represented. During the discussions, the Australian Medical Council (AMC) reinforced the positive advantages of involving consumers in health professional recognition and education accreditation processes through CHF. Thank you to the consumer representatives who have contributed to understanding among this health professional group of the importance of a consumer perspective through their work on AMC committees.

Members of the Council of Australian Governments (COAG) Health Working Group welcomed the strong consumer contribution to the discussions. Two other CHF Governing Committee members represented other consumer organisations at the consultation: Antonio Russo for the Consumers' Federation of Australia and Gregor Macfie for the Australian Council of Social Service.

CHF will be making a submission to the Discussion Paper, required by 15 January 2006 to inform the next steps. Further information is available from Helen Hopkins who would also be pleased to receive any comments you would like CHF to incorporate into its submission through [info@chf.org.au](mailto:info@chf.org.au) or fax (02) 6273 5888.

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## Including a Consumer Perspective

CHF has continued a range of meetings with stakeholders to promote the inclusion of a consumer perspective in health care. These have included a joint CHF and Choice meeting with the National Manager and Principal Medical Advisor of the Therapeutic Goods Administration (TGA) with discussions of a proposal for a consumer consultative group in the proposed Australian New Zealand Therapeutic Products Authority.

CHF also met with the Pharmacy Guild of Australia to discuss opportunities for involving consumers in how quality improvement in pharmacies is assessed through the Quality Care Pharmacy Program.

Helen Hopkins presented a session on 'Consumers shaping health in Australia' about the effectiveness of our CHF Consumer Representatives Program at the Associations Forum Seminar, Policy & Lobbying in the Not-For-Profit Sector.

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## Project Updates

### E-health for Consumers Project

#### Health and Social Services Access Card

CHF met with a representative from the Office of the Access Card on 30 November 2006, and has been invited to attend an Access Card Consumer and Privacy Taskforce workshop on 15 December 2006 in Canberra. The inclusion of voluntary emergency and health information on the access card will be discussed. Please contact Amanda Bresnan at [a.bresnan@chf.org.au](mailto:a.bresnan@chf.org.au) or (02) 6273 5444 to discuss particular issues or concerns. CHF will report on the workshop in the next edition of *HealthUpdate*.

#### Australian Whole-of-Life Immunisation Register

CHF has made a brief submission to the consultant following an article in the November *HealthUpdate*. Consumers see the value in an immunisation register which would improve access to information over a person's lifetime. The submission addresses consumer views on the value of and problems with maintaining a whole-of-life register. Consumer concerns with the public consultation sessions and on-line survey seeking feedback on the immunisation register are also covered.

The submission is available on the CHF website on the 2006-08 E-health for Consumers Project page at <http://www.chf.org.au/projects/PROJ9/documents.asp>.

#### NeHTA Privacy Roundtable

The CHF Policy Manager attended the National E-Health Transition Authority (NeHTA) Privacy Roundtable in Canberra on Friday 17 November 2006.

The Roundtable focused on the NeHTA Unique Healthcare Identifiers (UHI) program and a Privacy Blueprint on the UHI program was discussed. The Privacy Blueprint will be published in December 2006 on the NeHTA website at <http://www.nehta.gov.au> and be available for public comment until 7 February 2007.

CHF will be making a submission on the Privacy Blueprint as the NeHTA work program on standards and health identifiers should improve communications between health care providers and ensure consumer health information is in the right place at the right time when it is needed.

#### Report on E-health National Information Workshop

CHF conducted an E-health National Information Workshop in Canberra on 29-30 May 2006. The report is available on the key documents section of the 2005-06 Electronic Health Records Project page at <http://www.chf.org.au/projects/PROJ6/documents.asp>. Members or participants without internet access are welcome to contact CHF for a hard copy.

*Amanda Bresnan*  
Policy Manager

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### Community Quality Use of Medicines (QUM) Project

Scott Harlum, CHF Policy Development Officer, and six consumer representatives nominated through CHF, represent consumers on the National Prescribing Service (NPS) Community QUM Working Group. The role of consumer representatives on the Working Group is to provide consumer advice on the strategy, design and implementation of the NPS Community QUM program, and to identify consumer and community issues to inform program messages. The first meeting attended by the current group of representatives was held on 29 November 2006. A key item at that meeting was to provide input to draft objectives, key message themes, and the target audiences for a national QUM awareness campaign to be launched by NPS from September 2007. CHF and consumer representatives will continue to play a key role in coming months in guiding the development of that campaign.

Community QUM engagements for 2007 are being considered in the Hunter Region, Albury/Wodonga, and Townsville. If you are from one of these regions and want to participate or help out, please contact CHF and we will put you in touch with the local area liaison person.

*MedicinesTalk* is a publication which provides QUM information for consumers and consumer groups as part of the Community QUM Program. The NPS publication will be 'revamped' for the first edition for 2007, with

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the addition of some colour and a reworking of the format. Consumers, through CHF, are providing the editors with comment and input on some design proposals, to ensure *MedicineTalk* remains a valued resource for consumers.

CHF, along with other health consumer organisations, helped to develop the *Get to Know Your Medicines* kit, originally developed as a tool for rural or remote consumers to share medicines information through a QUM event in their local community. The NPS has advised they have a number of kits still available. These are free to consumer networks, and can be ordered on (02) 8217 8700 or online at <http://www.nps.org.au>.

*Scott Harlum*  
*Policy Development Officer*

*Claudia Cresswell*  
*Community Development Officer*

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## **Private Health Insurance Reforms – Consumers Have a Say**

The CHF submission on the Private Health Insurance Bill 2006 exposure draft included 12 recommendations based on input from the workshop held on 16 and 17 October 2006 in Melbourne and the responses to the information paper sent to members in September 2006.

In particular, CHF sought strong consumer involvement in the finalisation and implementation of the reforms including website information to assist consumers to compare private health insurance products and better understand their cover. CHF recognised potential benefits in allowing cover for out-of-hospital services that improved patients' outcomes. Consumers' concerns were raised about the impact of broader health cover on equitable access to health and allied health services among both private and public patients, and that the services covered would be appropriate, safe and good quality. CHF called on the Health Minister to maintain a watching brief on the legislation regarding these issues and where necessary, respond to ensure consumer choice and provision of a range of quality services for Australian health consumers, especially those with the greatest level of disadvantage such as consumers in rural and remote areas and those requiring high levels of care.

CHF Executive Director Helen Hopkins attended the November 2006 workshop organised by the Private Health Insurance Ombudsman (PHIO) primarily with health insurance funds to discuss the development of the Private Health Online website. CHF has recommended to the Department of Health and Ageing and the PHIO consultants that a Consumer Consultative Group be established to provide consumer input to the website development.

In December 2006, Helen met with the Chief Executive of the Australian Health Insurers Association, Dr Michael Armitage, to explain the CHF position and the importance of consumer involvement in the industry reforms. She also met with the newly appointed Chair of the Australian Private Hospitals Association, Christine Gee, to discuss common interests in Safety and Quality.

*Milly Betteridge*  
*Policy Officer*

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## **Member Services**

CHF facilitated the Cancer Institute NSW Consumer/Community Representative Workshop on 21 November 2006 in Sydney. The workshop was developed in consultation with our member organisation Cancer Voices NSW. The day provided new and more experienced consumer and community representatives with the opportunity to learn more about the core skills required to make an effective contribution, identify ways the Cancer Institute NSW can encourage and support representatives and identify practical strategies for consumer/community representatives to use in their committee work. The participants valued the experience and chance to network with other representatives. If any CHF member organisations would like more information about this service please let me know.

Thank you to Governing Committee member, Sally Crossing, for her support with this new member service.

**[www.chf.org.au](http://www.chf.org.au)**

See 'What's New' for media releases, recent reports and updates <http://www.chf.org.au>.

*Emma Awizen*  
*Member Services Manager*

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## National Safety and Quality Accreditation Standards – Stakeholder Consultations

The Australian Commission on Safety and Quality is reviewing National Safety and Quality Accreditation Standards. A discussion paper outlining issues with current safety and quality accreditation systems and standards, and proposed reforms, is available on the Commission's website at <http://www.safetyandquality.gov.au> and is open for submissions until 31 March 2007.

The Commission is holding focus group meetings in each state and territory during February and March 2007. Meetings will also be organised in regional centres where there is a demand. On the advice of CHF, the Commission has invited state-based consumer organisations to be involved in and co-host these consultation focus groups.

The Commission is adopting a quantitative approach in the focus groups which is seen as an opportunity to better validate consumer input, and have strong supporting information to argue for consumer positions in the accreditation standards. CHF is approaching senior representatives to participate in initial discussions about the draft positions that will form the basis of quantitative assessment in the wider consultations.

Further information on the stakeholder consultations is available at <http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/whats-new-lp>.

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## Funding for Complementary Medicines Research

The Commonwealth Government will provide \$5 million in funding through the National Health and Medical Research Council to investigate the use and effectiveness of complementary and alternative medicines. Australian Institute of Health and Welfare statistics show that Australians spend around \$1 billion annually on complementary and alternative medicines including vitamin supplements, homeopathic medicines and traditional Asian and indigenous medicines.

CHF has advocated for increased research on complementary medicines over a number of years.

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## ALRC Review

The Australian Law Reform Commission (ALRC) is undertaking an inquiry into the extent to which the *Federal Privacy Act 1988* and related laws continue to provide an effective framework for the protection of privacy in Australia.

The ALRC has released an Issues Paper, *Review of Privacy* (IP 31) and seeks stakeholder feedback by **15 January 2007**. CHF is meeting with the ALRC in early 2007, and will consider making a submission to the review.

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## Aged Care Website Launched

A new Aged Care Australia website <http://www.agedcareaustralia.gov.au> was recently launched by the Minister for Ageing, Senator Santo Santoro. The website is designed to provide people with faster access to information about aged care services in their local area through its interactive capabilities, including an 'Aged Care Home Finder', 'Community Care Service Finder' and a 'My Page' feature.

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## Contenance Website Launched

A new website <http://www.bladderbowel.gov.au> promoting bladder and bowel health was launched on 28 November 2006 at the Australian Association of Gerontology's 39th National Conference by the Minister for Ageing, Senator Santo Santoro. The website also provides information on continence health promotion, early intervention and support for consumers, their families and carers, as well as health professionals, service providers and researchers.

Senator Santoro also announced the release of the National Continence Management Strategy Phase Three Action Plan 2006–2010, which provides a forward plan about ways to improve the treatment and management of incontinence, and help people to live full, active lives in their communities.

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## New Publication from RACGP

The Royal Australian College of General Practitioners (RACGP) has published the second edition of *Putting Prevention into Practice: guidelines for the implementation of prevention in the general practice setting*, and advises that the new edition focuses on targeting preventable diseases, being effective and efficient while improving quality and reducing costs, using information technology and management systems, using teams and building partnering relationships with patients and the community. The book is available in print format and online at <http://www.racgp.org.au/guidelines/greenbook>.

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## CHF Consumer Representatives Program



### Vacancies

Consumer representatives are encouraged to apply for the following vacancies. Do not be discouraged if you are not successful the first time you apply, as your application will assist us to know who might be interested when similar positions are offered in the future.

Nominees must complete a CHF nomination form, provide a current CV and a letter or email of endorsement from a CHF Voting Member organisation or relevant consumer network. The form is available for download from the Members' Area of <http://www.chf.org.au>, or contact Jessie Price on (02) 6273 5444 or [consumers@CHF.org.au](mailto:consumers@CHF.org.au). Jessie, the Consumer Representatives Program Coordinator, can provide further information about most committees. Please make sure you address the selection criteria on the application form specifically for the committee vacancy you are interested in. Selections can only be based on the written application you provide.

**Nominations must be received by Thursday 18 January 2007.** CHF has ensured that sitting fees and travel costs are paid for the following vacancies.

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### Medical Services Advisory Committee (MSAC)

*Applications from new consumer representatives are encouraged for MSAC Advisory Panels.*

*CHF thanks the MSAC Secretariat for preparing information about the process and new procedures being considered, which representatives have suggested.*

MSAC engages an independent contractor to conduct much of the evidence-based assessment of applications. This involves the development of an evaluation protocol, conducting a systematic literature review, and assessing the available evidence on the safety, efficacy and cost-effectiveness of the technology/procedure.

The role of the Advisory Panel is to oversee the evaluation and ensure that it is clinically relevant. The Advisory Panel meets with the contractor early in the process to provide guidance in determining the specific research questions, scoping the task and providing valuable clinical and consumer perspectives on the technology/procedure being considered.

Subsequent meetings are then held as necessary. This may not be until the contractor has completed a draft assessment report for the Advisory Panel's consideration. Development of the draft report takes approximately four to six months, depending on the complexity of the application.

The usual time commitment required of members is attendance at the initial half-day meeting, generally held in Sydney or Melbourne, and participation in three to four teleconferences of 1 to 1.5 hours duration.

The Department of Health and Ageing meets all travel and attendance expenses for meetings and teleconferences as well as sitting fees as determined by the Remuneration Tribunal for Professional Committees in the Health Portfolio.

### MSAC Application 1109 – Deep Brain Stimulation For Essential Tremor and Dystonia

Essential tremor (ET) is considered the most common neurological movement disorder. ET is a chronic condition characterised by involuntary, rhythmic tremor of a body part, most typically the hands and arms. In most patients, ET is considered a slowly progressive disorder and, in some patients, may eventually

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involve the head, voice, tongue, legs and trunk. Tremor and associated disability seem to increase with advancing age and increasing tremor duration. It is possible that the frequency of tremor may decrease with advancing age, however the amplitude may increase, leading to increased disability. In addition, there appears to be a direct correlation between age at tremor onset and either tremor severity or disability.

Deep Brain Stimulation (DBS) is for patients with severe and disabling tremor, from either Parkinson's disease or essential tremor that is resistant to drug therapy. Deep brain stimulation of the ventral intermediate nucleus (VIM) of the thalamus effectively reduces tremor for those patients with drug-refractory ET.

DBS Therapy is delivered by an implanted medical device, similar in size to a cardiac pacemaker that uses mild electrical stimulation to modulate brain signals involved in generating the symptoms of Parkinson's disease, essential tremor and primary dystonia in such a way that these symptoms may be controlled. The device stimulates targeted structures deep within the brain via electrodes that are inserted into the brain and connected to an implantable pulse generator (IPG) implanted near the collarbone. The electrical stimulation can be non-invasively adjusted to meet each patient's (over time changing) needs.

### **MSAC Application 1110 – Staging Of Rectal Carcinoma By MRI**

Magnetic Resonance Imaging (MRI) staging of rectal carcinoma is a diagnostic test which uses conventional MRI equipment to produce cross-sectional images of the bodily anatomy in the region of a previously diagnosed rectal cancer.

These images are interpreted to assess the extent to which the cancer has invaded tissues around the rectum, and thus, the likelihood that the tumour can be removed surgically with a margin of safety around its edges.

Patients with these tumours require accurate staging of the extent to which the tumour has invaded adjacent tissues, in order to guide the choice of patient management between early surgical resection and pre-operative chemoradiotherapy (CRT). Pre-operative CRT can greatly reduce the volume of viable tumour, allowing a better chance of complete surgical resection, and long-term disease-free survival, but carries some risk of serious complications such as radiation infection, and may make later surgery more difficult. It is therefore not used in all cases.

### **MSAC Application 1112 – Bioenterics Gastric Balloon**

The BioEnterics® IntraGastric Balloon (BIB® System) is a smooth, spherical, silicone elastomer balloon that is endoscopically inserted into the stomach via the oesophagus and partially filled with up to 700 ml of normal saline. It is designed to remain within the stomach for up to six months and is then deflated and removed under endoscopic vision. It limits food consumption and promotes weight loss by inducing an early and prolonged feeling of satiety after a small meal.

The BioEnterics IntraGastric Balloon (BIB) System is suitable:

- For morbidly obese patients who refuse surgery. The procedure is less invasive than surgery, can be repeated, and is reversible.
- As a 'pre-operative test' to detect compliant morbidly obese patients who may be suited for a restrictive surgical procedure such as gastric banding. If patients show poor compliance with a restricted diet, a procedure such as a gastric bypass or biliopancreatic diversion may be more appropriate.
- For a pre-operative weight loss of 10% to 20% that can reduce the complications of surgery for morbidly obese patients.
- For morbidly obese patients who are unsuitable for general anaesthesia.

It is not an alternative to surgical weight loss procedures such as vertical banded gastroplasty, gastric bypass and gastric banding, because it is designed to stay in the stomach for only six months.

### **MSAC Application 1113 – Endo Venous Laser Treatment For Varicose Veins (EVLV)**

Endo Venous Laser Treatment of Varicose Veins (EVLV) is a minimally invasive laser technique for treatment of varicose veins with a high success rate using local anaesthetic in an 'in office – walk in/walk out' environment giving immediate recovery, reduced pain and no scars.

EVLV is used to ablate the long or short saphenous vein in patients with varicose veins. Approximately 75% of patients referred for specialist treatment with varicose veins have incompetence with reflux affecting the long or short saphenous vein.

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### **MSAC Reference 39 – Human Papilloma Virus (HPV)**

Disease caused by the human papilloma virus is characterised by a soft wart-like growth on the genitalia. In adults this infection is most commonly transmitted sexually. Over time the virus can cause cell changes in the cervix. The changes can vary from very mild to more serious and in some cases, HPV can cause cancer.

The High Risk (HR) Human Papilloma Virus (HPV) DNA test is used as a triage. Conventionally, this would be used when an initial screening Pap smear results in a possible or definitive Low Grade abnormality, suggesting minor cell changes in asymptomatic women. The HR HPV test should be performed either immediately or 6-12 months after irregular Pap. If positive there should be an immediate referral to colposcopy (an examination of the cervix through a magnifying device to detect abnormal cells), if negative the woman is recommended to continue with regular screening.

Alternatively, the test might also be considered in the following circumstances:

- 1 with Liquid-based Cytology (the production of a thin layer of cervical cells on a microscope slide, suitable for diagnosis of cytological abnormalities).
- 2 as a co-collection with conventional Pap smear and used either as the primary screening test or as an adjunct to the conventional Pap smear OR
- 3 reflex to HPV testing on a co-collected specimen when the Pap smear is possible or definite low grade abnormality, suggesting minor cell changes.

The use of High Risk HPV DNA in the management and detection of underlying pre-cancer/cancer in incident possible and definite low grade abnormality, cervical smears is both more sensitive than repeated smears, and more efficient. Available resources can be directed at the women that are at most risk of disease, either underlying or potentially in the future.

HR HPV has also been shown to be superior in detecting women with glandular abnormalities.

### **MSAC Application 1114 – Urinary Metabolic Profile**

Inborn errors of metabolism detectable by urine amino and organic acid analysis are varied. They range from completely benign conditions to disorders where no treatment is available and death or severe disability is inevitable.

All of the disorders detectable by this test are individually rare. However, collectively, they account for a significant proportion of children requiring medical treatment. Genetic conditions as a whole account for about half the admissions to paediatric hospitals.

Urine metabolic screens play an important part in the investigation of patients with developmental delay and these account for a significant proportion of requests received.

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### **Australian Medical Council (AMC) Dermatology Accreditation Team**

The Australian Medical Council (AMC) is an independent national standards body for medical education and training. It aims to promote and protect public health and safety by ensuring a safe and competent workforce distributed across Australia to meet community needs.

The AMC has developed accreditation of specialist medical education and training programs as one component of the recognition of medical specialties and sub-specialties. Any body seeking recognition of its training and qualifications in a new area of specialist medical practice is subject to review and accreditation of its education and training programs.

A consumer representative is needed for the Dermatology Accreditation Team being convened to review training for this medical specialty.

The AMC website at <http://www.amc.org.au> provides further information about AMC's work. This committee will meet four times, with the first meeting scheduled for March 2007 in Sydney or Melbourne. Meetings are face-to-face and via teleconference.

CHF is seeking expressions of interest, especially from CHF representatives who attended the AMC workshop 'Assessing Standards of Medical Education and Practice' in March 2006.

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## Department of Health and Ageing

### Quality Use of Pathology Committee (QUPC) and its Technical Reference Groups (TRGs)

The **Quality Use of Pathology Committee (QUPC)** reports to the Pathology Consultative Committee which addresses strategic issues relating to the financing of pathology services under Medicare. The QUPC promotes the quality use of pathology through the adoption of health informatics by pathologists and doctors and identifies and addresses consumer issues in relation to the ordering and use of pathology.

**Three Technical Reference Groups (TRG)** will support the QUPC, each focused on one of three strategic areas:

The **Quality Consumer Services TRG** will assess website information about pathology services, specifically how well they explain pathology processes and why tests are needed, for various clinical conditions.

The **Quality Referrals (Requests/Ordering) TRG** will consider the access of services, with a special focus when laboratory visits are required. The group will assess consumer discussion with doctors about why a service is needed, consumer considerations, results coming back in a timely fashion, and how well results are explained.

The **Quality Pathology Practice TRG** will consider how shortages in both scientifically and clinically trained staff are affecting the quality of pathology practices, in terms of both performing tests and interpreting results and strategies to address the issues raised.

The committee and groups will meet face-to-face at least twice a year in either Sydney or Canberra, and will organise teleconferences as required. Several consumer representatives are required for up to three positions with QUPC and one position on each TRG. Janney Wale, the current consumer representative on the QUPC is keen to continue, but also to see more consumer representatives involved in this frequently used area of health care.

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## Adelaide Institute for Sleep Health

### Research Committee, Australasian Sleep Trials Network

The Australasian Sleep Trials Network is a new organisation that conducts clinical trials on sleep health. The new Research Committee will screen research proposals, advise researchers on resources needed to develop proposals into finished protocols, and assess protocols for conduct of the study using the Network's resources.

Four to eight meetings will be held face-to-face in various Australian or New Zealand cities, usually Sydney, Melbourne or Adelaide, and via teleconference.

CHF requests expressions of interest from consumer representatives with experience in sleep health problems who are prepared to gain some background knowledge of sleep health and research methods, sufficient to contribute a consumer viewpoint to discussions.

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## Medicines Australia

### Clinical Trials Informed Consent Steering Group

Medicines Australia represents research-based pharmaceutical companies who discover, develop and manufacture prescription medicines.

In November last year CHF presented at the Health Consumer Organisation and Pharmaceutical Industry Forum on Clinical Issues and Common Challenges, hosted by Medicines Australia. Outcomes of the conference included a recommendation that better information and practices for consumers be developed to support informed consent for clinical trials. It was suggested that CHF be involved in recognition of our contribution to consumer participation in research. Of particular interest for further discussion and development were guidelines for lay summaries, the development of standards regarding what discussion should take place beforehand, payment issues, carer's rights and post-trial information.

The new Clinical Trials Informed Consent Steering Group will decide terms of reference at its first meeting. Meetings will be held every two to three months via teleconference and face-to-face in Sydney, Canberra and Melbourne.

CHF is seeking expressions of interest from consumer representatives with experience or knowledge in medical trials and informed consent processes.

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## Reports

### Medical Services Advisory Committee

*Sheila Rimmer*

21 November 2006

The Medical Services Advisory Committee (MSAC) makes recommendations to the Minister on whether new procedures should be covered by Medicare. These recommendations are informed by the work of MSAC Supporting Committees convened for each new procedure. CHF nominates a consumer representative to each MSAC Supporting Committee but it is important that this process is not delayed. Delays in nominating a consumer representative can mean consideration of a new procedure is delayed or the consumer representative misses the first meeting and the opportunity to influence the evaluation framework.

At the meeting held on 15 November 2006, various consumer issues were raised and discussed. While the discussions themselves are confidential some of the issues raised are as follows:

- The value of CHF project support from MSAC to reinvigorate interest in consumer representation on MSAC Supporting Committees and CHF members' understanding of MSAC processes.
- The nomination process for consumer representatives should continue to be conducted through CHF consumer networks, not from a Departmental register, to preserve independence and accountability to consumers.

A decision was taken to put forward recommendations to the Minister on several MSAC Advisory Panel reports.

The meetings for 2007 have been scheduled for 9 March, 25 May, 31 August and 23 November. Representatives on MSAC Supporting Committees should make sure their outstanding consumer issues and concerns are reported to CHF as Sheila may be able to raise them again during MSAC discussions.

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### Complementary Medicines Implementation Reference Group

*Geraldine Robertson*

11 October 2006

The Group provides advice on, and oversees the implementation of, changes covering the regulation of complementary medicines and complementary healthcare practitioners, research into complementary medicines, and the information and education needs of healthcare practitioners and consumers to improve confidence in the complementary medicines industry in Australia.

A draft report of progress to 30 June 2006 will be published on the Therapeutic Goods Administration website, but is still not available.

There was no progress report on the first step of the National Prescribing Service (NPS) research to scope attitudes, behaviour and information needs of consumers and health professionals regarding complementary medicines, due to staff changes at NPS.

A communication strategy targeting seven stakeholder groups or 'audiences' (one being Australian consumers) incorporated few changes. I am concerned that it would be up to consumer representatives and their organisations to inform their audience. Once again it was stated that the Reference Group has no remit to see that consumers are informed about the research outcomes, only to oversee the study to identify the issues.

Unfortunately there seems to be no consideration of how consumer groups might be resourced to do this.

The next meeting is due to be held on 18 April 2007.

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## Other Reports Received

### Sheila Rimmer

Australian Medical Council – Specialist Education Accreditation Committee

14 November 2006

### Janne Graham

Advertising Implementation Steering Group

22 November 2006

### Amy Zelmer

Medicines Australia Code of Conduct and Monitoring Committee

20 & 21 November 2006

## Appointments

**Pamela Williams** from Breast Cancer Network Australia to Medical Services Advisory Committee (MSAC) – In Situ Hybridisation for Her – 2 in Breast Cancer

**Anne McKenzie** from the Health Consumers' Council to Australian to the National Prescribing Service (NPS) – New Drugs Working Group

**Sheila Rimmer** from Council on the Ageing to Medical Services Advisory Committee (MSAC) – Acticon Artificial Bowel Sphincter

**Robin Toohey** to Medical Services Advisory (MSAC) – Endoscopic Bronchial Ultrasound

**Sheila Rimmer** from Council on the Ageing to Australian Government Department of Health and Ageing – Australian Population Health Development Principal Committee

**Russell McGowan** from Health Care Consumers' Association of the ACT to Australian Government Department of Health and Ageing – Australian Population Health Development Principal Committee

## Congratulations to Robin Toohey, AM

Congratulations to consumer representative, Robin Toohey AM, who was awarded Honorary Membership of the Royal Australian College of General Practitioners (RACGP) at their forty-ninth annual general meeting academic session in Brisbane on 7 October 2006.

Robin's honorary membership recognises her strong support for the ideas of the RACGP and Australian general practice as a person who does not hold a medical qualification. Her work through CHF as a consumer representative on a number of committees relating to general practice was acknowledged.

From the CHF perspective, Robin provided strong consumer representation on the RACGP National Expert Committee on Standards for General Practice. In particular she ensured that consumer networks more widely were consulted about the standards and successfully advocated for a group discussion co-hosted by CHF and the RACGP for consumer representatives experienced on general practice committees about the draft standards.

## Health Calendar

### Participate in Health Conference – Making it Work

Melbourne, 22-23 February 2007

Website: <http://www.health.vic.gov.au/consumer/conferences.htm>

### National Ovarian Cancer Awareness Week

National, 24 February to 3 March 2007

Website: <http://www.ovca.org/index.php>

### NSW Mental Health NGO Conference 'Count Me In: Innovation community based approaches to better health'

Sydney, 1-2 March 2007

Website: <http://www.mhcc.org.au/>

### 9th National Rural Health Conference

Albury, 7-10 March 2007

Website: <http://www.ruralhealth.org.au/nrhpublic/>

### 7th Australian & New Zealand Cystic Fibrosis Conference

Sydney, 11-14 August 2007

Website: <http://www.cysticfibrosis.org.au/news/2007cfaconference/>

### 9th Australian Palliative Care Conference

Melbourne, 28-31 August 2007

Website: <http://www.iceaustralia.com/apcc2007/>

## healthupdate

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